



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

PAT MCCRORY
GOVERNOR

ANTHONY J. TATA
SECRETARY

Adopt-A-Highway Program

Youth Participation Release Form

As the parent/guardian of the minor child named below between the ages of twelve through seventeen, I hereby give permission for him/her to participate in one or more **Adopt-A-Highway** roadside cleanups. By my signature I release the Department of Transportation from any liability or responsibility for any injuries or damages he/she may cause or suffer as a result of participation in the **Adopt-A-Highway** program.

PARENT OR GUARDIAN SIGNATURE

PRINT NAME OF MINOR CHILD

ADDRESS

CITY

STATE

ZIP

TELEPHONE

DATE

Adopt-A-Highway

COUNTY: _____

GROUP NAME: _____ AGREEMENT NO: _____

MAILING ADDRESS:
NC DEPARTMENT OF TRANSPORTATION
OFFICE OF BEAUTIFICATION
1540 MAIL SERVICE CENTER
RALEIGH NC 27699-1540

Web site: www.ncdot.gov/~beautification
Telephone: 919-707-2970
FAX: 919-715-2554

LOCATION:
TRANSPORTATION BUILDING
1 SOUTH WILMINGTON STREET
RALEIGH NC